

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

For Official Use

IN THE INTEREST OF

**Affidavit and Motion  
for Sanctions**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

Case No. \_\_\_\_\_

**AFFIDAVIT**

Under oath to tell the truth I state:

1. I am the worker assigned to this case.
2. The juvenile was advised of the conditions of the dispositional order and the possibility of sanctions prior to this time:  
☐ The court explained the conditions and sanctions at the dispositional hearing.  
☐ The juvenile acknowledged in writing an understanding of the conditions and sanctions.
3. The juvenile has violated the following dispositional condition(s):  
☐ violation of curfew  
☐ truancy from school  
☐ truancy from home placement  
☐ violation of a ☐ civil law ☐ criminal law ☐ ordinance  
☐ failure to comply with counseling  
☐ other: \_\_\_\_\_  
in the following manner: \_\_\_\_\_
4. The juvenile is subject to the federal Indian child welfare act (25 USC §§1911-1963)?  
☐ No ☐ Unascertainable ☐ Yes: Tribe/Address: \_\_\_\_\_

I ask that the court impose the following sanction(s) on the juvenile:

- ☐ 1. Placement for \_\_\_\_\_ days in ☐ secure detention. ☐ nonsecure custody.
- ☐ 2. Suspension or limitation for \_\_\_\_\_ years of the juvenile's: ☐ operating privilege ☐ DNR approval
- ☐ 3. Detention for \_\_\_\_\_ days in home or current residence under attached rules of supervision.  
☐ with electronic monitoring
- ☐ 4. Uncompensated work program or community service for \_\_\_\_\_ hours.

Subscribed and sworn to before me

on \_\_\_\_\_

\_\_\_\_\_  
Signature of Worker

\_\_\_\_\_  
Notary Public, Wisconsin

\_\_\_\_\_  
Name Printed or Typed

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Date

**MOTION FOR SANCTIONS**

- I move the court to impose sanctions against this juvenile.
- I request an expedited hearing on this motion at a date to be set by the court.

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date